

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5	1					
6		1				
7	X	X				
8						
9	1					
10						
11						
12						
13						
14	1					
15		1				
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21	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	6					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						